

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of YVONNE ADEMILUYI and U.S. POSTAL SERVICE,  
SOUTHERN MARYLAND GENERAL MAIL FACILITY,  
Capitol Heights, MD

*Docket No. 00-2502; Submitted on the Record;  
Issued December 27, 2001*

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DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,  
BRADLEY T. KNOTT

The issues are: (1) whether the Office of Workers' Compensation Programs met its burden of proof to terminate appellant's compensation benefits effective April 25, 1999; and (2) whether appellant met her burden of proof to establish that she is entitled to continuing compensation benefits on or after April 25, 1999.

The Board has duly reviewed the case on appeal and finds that the Office met its burden of proof to terminate appellant's compensation benefits effective April 25, 1999.

Once the Office accepts a claim, it has the burden of proving that the disability has ceased or lessened in order to justify termination or modification of compensation benefits.<sup>1</sup> After it has determined that an employee has disability causally related to his or her federal employment, the Office may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.<sup>2</sup> Furthermore, the right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.<sup>3</sup> To terminate authorization or medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.<sup>4</sup>

On May 20, 1988 appellant, then a 27-year-old distribution clerk and letter sorting machine operator, filed a claim, alleging that she developed bilateral wrist and arm pain due to factors of her federal employment. The Office accepted her claim for bilateral wrist tendinitis on

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<sup>1</sup> *Mohamed Yunis*, 42 ECAB 325, 334 (1991).

<sup>2</sup> *Id.*

<sup>3</sup> *Furman G. Peake*, 41 ECAB 361, 364 (1990).

<sup>4</sup> *Id.*

September 16, 1988. Appellant stopped work on May 25, 1988. In a report dated June 16, 1998, appellant's treating physician, Dr. Neal B. Zimmerman, a Board-certified orthopedic surgeon, who from 1990 to 1998 submitted periodic reports supporting appellant's ongoing disability due to residuals of her accepted tendinitis, stated that appellant was doing quite well and was now a full-time accounting student. He noted that appellant reported intermittent achy pain in both wrists, but none actively at the time of his examination. Appellant had no complaints of numbness or tingling and reported that she sleeps well and is not limited in any way whatsoever with her activities. Following his physical examination, Dr. Zimmerman stated that he could "discern no evidence of active tenosynovitis," that appellant "currently has a normal physical examination" and that she needed no further treatment for her wrists. Dr. Zimmerman concluded that appellant appeared "well compensated to her current activity level" and recommended that she remain at that level.

Based on the medical evidence provided by Dr. Zimmerman, by letter dated March 22, 1999, the Office proposed to terminate appellant's compensation benefits on the grounds that her employment-related tendinitis had resolved. The Office allowed appellant 30 days to submit additional evidence or argument. She responded on April 21, 1999 and alleged that she still suffered from many signs and symptoms of her accepted tendinitis. The Office terminated appellant's compensation, effective April 25, 1999, by decision dated April 23, 1999. By letter dated May 21, 1999, appellant requested an oral hearing before an Office hearing representative and submitted additional medical evidence in support of her claim for continuing compensation benefits. In a decision dated May 10, 2000, an Office hearing representative affirmed the Office's April 23, 1999 decision.

In this case, Dr. Zimmerman, appellant's treating physician since April 1990, found that at the time of his June 11, 1998 physical examination, she had full range of motion of both hands, hand temperatures were symmetric, light touch sensibility was normal and there was no discernable atrophy. Additionally, gravity flexion maneuver was negative, elbow flexion maneuver was negative and Tinel's sign was negative over both wrists and the elbow. Dr. Zimmerman concluded that he could discern no evidence of active tenosynovitis and that appellant needed no further medical treatment for her wrists. At the time of its April 23, 1999 decision, there was no contrary medical evidence in the record. As the medical evidence before the Office at the time of its April 23, 1999 decision established that appellant no longer has any residuals of her accepted bilateral tendinitis, the Board finds that the Office met its burden of proof to terminate appellant's compensation benefits effective April 25, 1999.

The Board further finds that appellant has failed to establish any continuing disability or residuals after April 25, 1999 causally related to her accepted employment injury.

As the Office met its burden of proof to terminate appellant's compensation benefits, the burden shifts to appellant to establish that she still suffers from residuals of her accepted employment injury.<sup>5</sup> To establish a causal relationship between the condition, as well as any disability claimed and the employment injury, the employee must submit rationalized medical opinion evidence, based on a complete factual background, supporting such a causal relationship.

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<sup>5</sup> *George Servetas*, 43 ECAB 424, 430 (1992).

Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant. The weight of the medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.<sup>6</sup>

Following the Office's April 23, 1999 decision, appellant requested an oral hearing and submitted additional evidence and argument. Appellant argued that, since her initial diagnosis of bilateral wrist tendinitis, she had never been symptom free and had made drastic changes to her lifestyle to compensate for her disability. Appellant described the degree of pain she experienced and explained in detail how she had modified her daily living activities to compensate for her condition. Appellant stated that she felt that on the day she was examined by Dr. Zimmerman, her wrists were fully rested and, therefore, she did not exhibit any symptoms of her conditions. Appellant further asserted that, because of the short length of her visit, she was unable to fully explain to Dr. Zimmerman how she had modified her life to deal with her pain.

In a report dated June 16, 1999, Dr. Zimmerman stated that appellant had returned to his office and stated that she disagreed with his June 11, 1998 conclusions as to her work capacity and had brought with her an extensive letter detailing her symptoms and the lifestyle modifications she had made. He stated on physical examination that appellant still had full range of motion, both actively and passively, of both wrists, hands and elbows and completely normal peripheral pulses, temperature, turgor and skin envelope. Dr. Zimmerman stated that there was no Tinel's sign discernable over the ulnar or medial nerves at the level of the elbow nor ulnar or medial nerves at the level of the wrist. He added that appellant exhibited full muscle strength of the intrinsic musculature and had no deficits of light touch sensibility with palpation of the forearm musculature. Dr. Zimmerman noted that appellant had some diffuse tenderness quite widespread, but that he could not identify it discretely down to a specific tendon group and that there was no evidence for a tendinitis diagnosis due to the fact that stressing any of the tendons did not cause discomfort. Dr. Zimmerman concluded that he had no objective findings to corroborate appellant's ongoing discomfort and that he had declined to fill out a work restriction form and planned to continue to decline in the future.

Appellant also submitted a report dated November 2, 1999 from Dr. Allan H. Macht, a Board-certified surgeon. Dr. Zimmerman reviewed appellant's history of injury and treatment, as well as her subjective complaints and reported that, on physical examination, there was tenderness on pressure about the right elbow and on the flexor surface of both wrists and that movements of the fingers and wrists caused discomfort in the extremes of motion. Dr. Macht noted that Tinel's sign was negative bilaterally, that peripheral pulses were good, but that appellant demonstrated some weakness in the grip of both hands. Dr. Macht diagnosed tendinitis of both wrists and concluded that after reading her job description as well a narrative statement

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<sup>6</sup> *James Mack*, 43 ECAB 321 (1991).

from appellant describing her actual job duties, he felt appellant was permanently disabled from performing her job as a distribution clerk.

The Board finds that Dr. Zimmerman's most recent report supports the Office's prior determination that appellant's injury-related condition has resolved and that Dr. Macht's report fails to provide the necessary medical rationale explaining why he believes appellant's accepted bilateral wrist tendinitis continues to be active and disabling approximately ten years after she stopped work. As appellant failed to submit the necessary medical evidence, she failed to meet her burden of proof.

The decision of the Office of Workers' Compensation Programs dated May 10, 2000 is hereby affirmed.

Dated, Washington, DC  
December 27, 2001

Michael J. Walsh  
Chairman

Michael E. Groom  
Alternate Member

Bradley T. Knott  
Alternate Member